

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000306032

**Entity Name:** SHAKEYA L. CONSULTING LLC

**Current Principal Place of Business:**

339 6TH AVE. W.  
SUITE 26  
BRADENTON, FL 34205

**Current Mailing Address:**

210 3RD ST. W.  
APT. 1109  
BRADENTON, FL 34205

**FEI Number:** 87-1540223

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOVETT, SHAKEYA  
210 3RD ST. W.  
APT. 1109  
BRADENTON, FL 34205 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name LOVETT, SHAKEYA  
Address 210 3RD ST. W. APT. 1109  
City-State-Zip: BRADENTON FL 34205

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHAKEYA REAQUELL LOVETT

**MANAGER**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date